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| PLAINTIFF<br><b>UNITED STATES OF AMERICA</b> | COURT CASE NUMBER<br>CR No. 04-10066-MEL               |
| DEFENDANT<br><b>JAMIE EDELKIND</b>           | TYPE OF PROCESS <b>Preliminary Order of Forfeiture</b> |

|                     |  |
|---------------------|--|
| <b>SERVE<br/>AT</b> | NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN<br><b>Thomas R. Kiley, Esquire</b>                            |
|                     | ADDRESS (Street or RFD, Apartment No., City, State, and ZIP Code)<br><b>Cosgrove, Eisenberg and Kiley, PC, One International Place, Suite 1820, Boston, MA 02110</b> |

|   |   |        |
|---|---|--------|
| SEND NOTICE OF SERVICE TO REQUESTER AT NAME AND ADDRESS BELOW:  | Number of process to be served with this Form - 285 |        |
| Kristina E. Barclay, Assistant U.S. Attorney<br>United States Attorney's Office<br>John Joseph Moakley United States Courthouse<br>1 Courthouse Way, Suite 9200<br>Boston, MA 02210 | Number of parties to be served in this case         | Jul 13 |
|   | Check for service on U.S.A.                         |        |

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Address, All Telephone Numbers, and Estimated Times Available For Service)

Please serve the attached Preliminary Order of Forfeiture upon the above named individual by certified mail, return receipt requested.

05-PBE-803262 LJT x3283

|  |   |                                    |                       |
|--|---|------------------------------------|-----------------------|
| Signature of Attorney or other Originator requesting service on behalf of:<br><b>Kristina E. Barclay / LJT</b> | <input checked="" type="checkbox"/> PLAINTIFF<br><input type="checkbox"/> DEFENDANT | TELEPHONE NUMBER<br>(617) 748-3100 | DATE<br>June 30, 2005 |
|--|---|------------------------------------|-----------------------|

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE**

|   |                            |                                     |                                    |   |                        |
|---|----------------------------|-------------------------------------|------------------------------------|---|------------------------|
| I acknowledge receipt for the total number of process indicated.<br>(Sign only first USM 285 if more than one USM 285 is submitted) | Total Process<br>No. _____ | District of Origin<br>No. <b>38</b> | District to Serve<br>No. <b>38</b> | Signature of Authorized USMS Deputy or Clerk<br><b>Mary J. M...</b> | Date<br><b>7/13/05</b> |
|---|----------------------------|-------------------------------------|------------------------------------|---|------------------------|

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc. at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below).

|   |   |                |               |   |                              |
|---|---|----------------|---------------|---|------------------------------|
| Name and title of individual served (If not shown above). |   |                |               | <input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode. |                              |
| Address (complete only if different than shown above)     |   |                |               | Date of Service<br><b>7/19/05</b>   | Time<br>am<br>pm             |
|   |   |                |               | Signature of U.S. Marshal or Deputy<br><b>Mary J. M...</b>  |                              |
| Service Fee   | Total Mileage Charges (including endeavors) | Forwarding Fee | Total Charges | Advance Deposits  | Amount Owed to US Marshal or |
|   |   |                |               |   | Amount or Refund             |

REMARKS: **7/15/05 7004 1160 0001 5657 8388 ctd. mail.**  
**7/18/05 Date of Delivery**

(4)